

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	/					
2	/					
3	/					
4	/					
5	/					
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TOTAL IND.

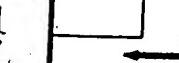
2

TOTAL DEP.

2

TOTAL CLAIMS

2



TOTAL IND.

2

TOTAL DEP.

2

TOTAL CLAIMS

2

